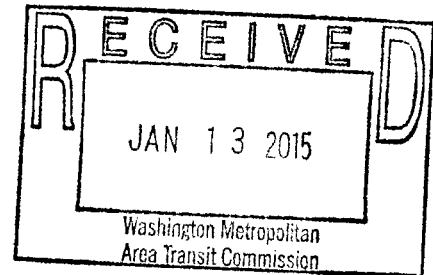


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1915	Giron's Limo Service, Inc.			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
2308 Spencerville Road		Spencerville	MD	20868
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
(301)421-0050			info@gironslimo.com	
*Telephone	Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

2199798			2925
USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Benjamin Giron	President
*Name	*Title
(240)498-4985	(301)421-4110 gironslimo@gmail.com
*Telephone	Other Telephone Fax E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process	Telephone	E-mail		
Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
	2009	LINCOLN	2LNHM85V69X600445	04017LM	MD	4	NO
	2007	LINCOLN	1LNHM85V87Y605319	53067B	MD	4	NO
	2009	CADILLAC	1GYFK26239R178187	04163LM	MD	5	NO
	2006	CHRYSLER	2C3KA53G36H125420	04000LM	MD	8	NO
	2006	HUMMER	5GRGN23U46H117633	03299LM	MD	18	NO
	2004	HUMMER	5GRGN23U64H110955	09616P	MD	20	NO
	2001	LINCOLN	5LMEU27A51LJ06845	01867LM	MD	22	NO
	2009	MERCEDES BEN	WDDNG86X09A2392	53130B	MD	4	NO
	2013	INTERNATIONAL	5WEXWSKK7DH044721	09619P	MD	32	NO
	2012	MERCEDES	WDZPE8CC9C5714351	08760P	MD	15	NO

7. ***CERTIFICATION:**

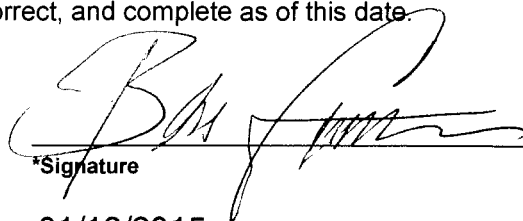
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Benjamin Giron

*Name (type or print)

President

*Title (not required for sole proprietors)



*Signature

01/13/2015

*Date

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

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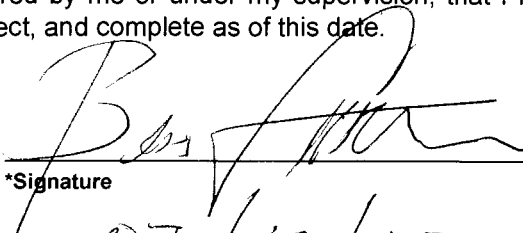
Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
	2012	FORD	1FDXE4FS7CDA08105	09631P	MD	24	NO
	2010	LINCONL	2LNBL8FV1AX629492	04012LM	MD	4	NO

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Benjamin Girard
*Name (type or print)

President
*Title (not required for sole proprietors)


*Signature

07/13/15
*Date